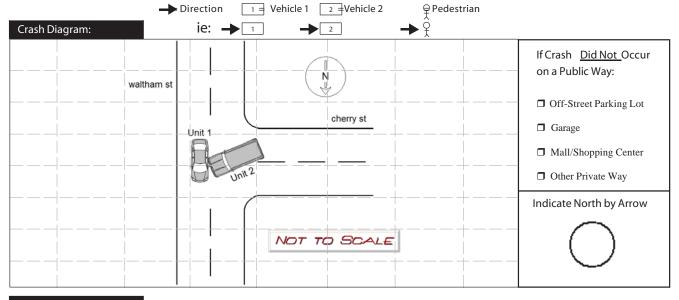
	Poli	ice Use Only		Commonw	ealth	of Mass	achus	setts			RM	V Docu	ıment	Number	
	Date of Crash 07/05/2019	Time of Crash	City/To NEWTON	Mot	or Vel	nicle Cra	sh [Number Vehicles	Num	1 ^	ed Limi		Sta Lo	te Police cal Police BTA Police	N X
	07/05/2019	14:47 24HR]	Police	Report		2	0		ngitude_		MI Otl	BTA Police her:	
		AT INTER	RSECTION:	<	LOCA	TION	>		NO	T AT	INT	ERSE	CTI	ON:	2
	NOR	TH WALTI	HAM ST												2
1	Route# Direction Name of Roadway/Street					Route# Direction Address # Name of Roadway						y/Stree	reet		
	At EAST CHERRY ST					Feet NSEW of or									2 10
	Route# Direc			Mile Marker Exi							it Number	_			
				Feet NSEW of Route# Intersec						secting Roadway/Street					
² 1				Feet NSEW of							Bucci	3 11			
	Route# Direc	tion		Landmark									_		
3	XVehicle1	#Occupants	Hit/Run	Moped	Case Number	se Number 1900000688									
	License#		St M	A DOB/Age	Dog #	371FW7			Dog"	runo PA	N	Day	a Ctata	MA	-
	Sex_M Lic.	18 1	8	19	_	Year 2002								20	·
4	1	MBASCIA	Lic. Restrictio	Endoment				viake				_ ven C	onng.	1	10
2	Address 21 BC		First	Middle		(Same as ope			First			Midd	lle		- 1 ¹²
	City WALTH		~	ate MA Zip 02453		ess							7.		
				ateZip02433					1				–	Up to Thre	
5	1	pany COMMER		ele Action Prior to		22		Ü	3	couc.	4	о ср ко тыс			
		Direction:		ponding to Emergency?_		Event Sequence 1							0 Undercarri	age	
		ssued)				Harmful Event	1	24	24	1 🗲	9			1 Totaled	
⁶ 1	1			1 2: ChSec		Driver Contributing Code 1									
1		Violation 3: ChSec Violation 4: ChSec Please fill out for operator and all occupants involved					Underride/Override Towed Y Towed								13
	Name (Last Fir		ator and an occi	Address							ransp.	Medical Facilit	1 1		
	Operator			See Above				- 1	4 4	1 0	0	10	1		_
⁷ 3	Please Select C of the Followi		2 <u>2</u> #Occupar	nts Non-Motorist A	Туре	14 Action	15 Locati		16 Co	ndition	17	□·	Hit/Rur	Море	ed
	License#	MA				Reg # 8BZ185					N	Reg State_MA			_
	Sex_F_ Lic.	18 1		19		eh Year 2012 Veh Make JEI								Config. 20	
⁸ 2	Operator RYDER BRITTNEY Endorsment					Owner (Same as operator)								.	
2		Last ORTHGATE PA	First RK	Middle	Addre	Last First Middle Address									
	City NEWTO														
	Insurance Com	pany COMMER		Vehicle Action Prior to Crash 2 21 Damaged Area Code: (Circle Up to Three)									e)		
	Vehicle Travel														
	Citation # (If I			Most Harmful Event 1 23 10 Undercarriage 5 11 Totaled 5 11 Totaled								age			
	,	n 1: ChSe													
		n 3: ChSe			Underride/Override 25 Towed Y 8 7 6										
		ease fill out for							28 29 30 Airbag Airbag Ejec		30 31 32 cct Trap Injury Tran		33 nsp.	\dashv	
	Name (Last Fi	rst Middle) Non-Motorist	l	Address See Above		Age/DOB	Sex Po	os. System	Status S	Switch Co	de Code	Status	Code	Medical Facili	ty
			79	See Above 1 MOODY ST (apt 3)				- 1		1 0	0		1		\dashv
	PASSARETTI,	, SEKINA	I	ALTHAM, MA 02453			F 6	1	4 4	0	0	10	1		\dashv



Crash Narrative:

ON 7-5-19 AT APPROX. 1447HRS. WHILE WORKING N492 I TOOK A REPORT FOR MOTOR VEHICLE ACCIDENT. UPON ARRIVAL AT THE INTERSECTION OF CHERRY AND WALTHAM ST. I SPOKE TO THE OPERATOR OF VEHICLE #1. DRIVER STATES HE WAS TRAVELING N-BOUND ON WALTHAM ST. AS HE PASSED CHERRY ST. HE WAS HIT IN THE LEFT SIDE BY VEHICLE #2 WHO WAS ENTERING THE TRAFFIC LANE. VEHICLE #2 STATES SHE WAS TRAVELING E-BOUND ON CHERRY AND STOPPED AT THE STOP SIGN. SHE STATES SHE WAS PREPARING TO GO LEFT ONTO WALTHAM ST. SHE LOOKED TO HER RIGHT AND SAW VEHICLE #1. SHE STATES HE BEGAN TO SLOW DOWN AND SHE THOUGHT HE WAS LETTING HER ENTER ONTO WALTHAM ST. DRIVER STATES WHEN SHE REALIZED HE WAS NOT LETTING HER ENTER THE TRAFFIC LANE IT WAS TOO LATE TO AVOID HITTING VEHICLE #1. VEHICLE #1 HAD LEFT SIDE DAMAGE. VEHICLE #2 HAD FRONT RIGHT SIDE DAMAGE. BOTH VEHICLES WERE OPERATIONAL AND NEITHER ONE WAS TOWED. ALL PARTIES REPORTED NO INJURIES. ALL PARTIES ADVISED TO CONTACT THEIR INSURANCE

(Continued or	n next page)								
Witnesses:									
Name (Last, First, Middle)	Address				Phone #	Statement			
Property Damage:		•							
Owner (Last, First, Middle)		Phone # 34-Type Description				tion of Damaged Property			
_			·						
Truck and Bus Information:	Registration #		(From Vehic	ele Section)				25	
Truck and Bus Information: Carrier Name	_		(From Vehic	cle Section)		Carrier Issu	ning Authority Coo	35 le	
			· 					le	
Carrier Name			City			_ St	Zip	le	
Carrier NameAddressUS DOT #:	State Number		City			St	Zip	le	
Carrier NameAddressUS DOT #:	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	le	
Carrier NameAddressUS DOT #: Gross	State Numbers Vehicle Weight	38	City Issuing State	ICC#:_		St	Zip	le	
Carrier Name	State Numbers Vehicle Weight Reg Type	38 Reg State	City Issuing State	ICC #:_ Tra	ailer Len	St	Zip Interstate	le	

THOMAS P WALSH

Police Officer Name (Please Print)

Signature

NEWTON POLICE DEPARTA

Department

Precinct/Barracks

Date

	Direction	_1 Vehicle 1	2 =Vehicle 2	Pedestr	ian		
Crash Diagram:	ie: →[1	2	₽ Ŷ			
						If Crash Did Not Coon a Public Way: Off-Street Parking Garage Mall/Shopping Ce Other Private Way Indicate North by A	Lot
Crash Narrative:							
COMPANIES.							
\A/:+							
W itnesses: Name (Last, First, Middle)		Address				Phone #	Statement
Name (Last, First, Middle)		Address				PHONE #	Statement
Property Damage:							
Owner (Last, First, Middle)	Address		Phone #	34-Type	Descript	ion of Damaged Property	
				71		<u> </u>	
Truck and Bus Information:	Registration #		(From Veh	icle Section)			
Carrier Name						Carrier Issuing Authority Code	35
Address			City			St Zip	
US DOT #:	State Number		Issuing State	ICC #:_		Interstate	36
37	Г	38	-				
Cargo Body Type Code C	Gross Vehicle Weight					20	
Trailer Reg #:	Reg Type	Reg State	Reg Year	Tra	ailer Leng	th 39	
Hazmat Information:							
40	41						42
Placard Material 1 dig	it # Material	l Name		_ Material 4	digit#	Release code	12
							-
THOMAS P WALSH			NEWTO	ON POLICE DEPART?	\	07/05/20	119

ID/Badge #

Department

Signature

Precinct/Barracks

Date

CDP1 11 ·24·00

Police Officer Name (Please Print)